Page 1 of 2

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Serial	No.	Fi	ling Date	Patent I	Vo.		Issue Date
To Be Dete	ermined	E	lerewith	To Be Deter	mined	T	o Be Determined
Applicant/ Patentee: Ed	die H. Willia	mş					
Invention: PI	ERSONALIZ	ED EVENT	воок				
for purposes of	of paying red	uced fees u	nder section 41	ualify as an independe (a) and (b) of Title 35 above and described i	, United States		
🔀 the	specification	to be filed h	erewith				
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☐ the	patent identif	ied above.					
grant, convey inventor under	or license, a 37 CFR 1.9	any rights in (c) if that pe	the invention terson had made	and am under no obli to any person who co the invention, or to a profit organization under	uld not be clas	sified ich w	l as an independent
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I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF INVENTOR Eddie H. Williams		/ /
SIGNATURE OF INVENTOR 246	DATE:	6/29/01
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a valid OMB co	ntrol n	umber.					
			Attorney Docket N	umber	36571-0300		
DECLARAT	ECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		First Named Inventor		Eddie H. Williams		
DATEL			COL	MPLETE	IF KNOWN		
PATENT APPLICATION (37 CFR 1.63)		Application Number		TBD /			
)/ C		Filing Date	Here	with		
Declaration Submitted		Group Art Unit	To B	e Determined			
with Initial Filing		Filing (surcharge (37 CFR 1.16(e)) required)	Examiner Name	То В	e Determined		
		(37 CFR 1.16(e))	Examiner Name	То В	e Determined		

As a below named inven	tor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the onginal, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
PERSONALIZED EVENT BOOK									
the specification of which	oh (Titi	le of the Invention)			<u>.</u>				
is attached hereto	•	•							
OR was filed on (MM/D	DOWN TO THE REPORT OF THE PERSON OF THE PERS	as Unite	ed States Applica	ation Number or PCT	International				
	·								
Application Number		vas amended on (MM/DD/Y	· L		(if applicable).				
I hereby state that I have re amended by any amendme	viewed and understand the co ent specifically referred to abo	ontents of the above identifi ve:	ed specification,	including the claims	s, as				
	lisclose information which is r		defined in 37 CF	R 1.56.					
certificate, or 365(a) of an	rity benefits under 35 U.S.C y PCT international applicat lave also identified below, by plication having a filing date b	ion which designated at le	east one countr ion application fo	y other than the Un or patent or inventor's	iited States of I				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy YES	Attached? NO				
Additional foreign applic	cation numbers are listed on a	a supplemental priority data	sheet PTO/SB/	02B attached hereto:					
	ınder 35 U.S.C. 119(e) of any								
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[Page 1 of 2]

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DECLARATION ---- Utility or Design Patent Application

thereby claim the benefit under 35 U.S. C. 120 of any United States application(s), or 365(c) of any PCT international application in the principal states of PCT international application in the manner provided by the first paragraph of 35 U.S. C. 132, lacknowledge the day to disclose in the principal states of PCT international application in the manner provided by the first paragraph of 35 U.S. C. 132, lacknowledge the day to disclose and the national of PCT international fling date of this application. U.S. Parent Application or PCT Parent Rumber U.S. Parent Application or PCT Parent Rumber Additional U.S. or PCT international application numbers are haited on a supplemental priorib data steet PTO/S3028 artsched brordo. As a named menter, thereby appared the following registered proctification of the priorible of the pri											
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Additional registered practitioner(s) named on aupplemental Registered Practitioner information sheet PTO/SB/02C attached hereto. Direct all correspondence to:				OR		name/registr	ation number !	isted bel	ow L		:
Direct all correspondence to: Customer Number or Bar Code Label Name Brett A. Carlson Address Snell & Wilmer L.L.P. Address One Arizona Center, 409 East Van Buren City Phoenix State Arizona ZIP 85004-2202 Country U.S.A. Telephone 602/382-6236 Fax 602/382-6070 I horoby deciser that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jcopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Eddic H. Williams Inventor's Signature Residence: City Fountain Hulls State AZ Country U.S.A. Chizenship U.S.A. Post Office Address Suite 114-228 City Fountain Hills State Arizona 219 85268 Country U.S.A.		Na	me				Nan	1e			
Direct all correspondence to: Customer Number or Bar Code Label Name Brett A. Carlson Address Snell & Wilmer L.L.P. Address One Arizona Center, 409 East Van Buren City Phoenix State Arizona ZIP 85004-2202 Country U.S.A. Telephone 602/382-6236 Fax 602/382-6070 I horoby deciser that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jcopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Eddic H. Williams Inventor's Signature Residence: City Fountain Hulls State AZ Country U.S.A. Chizenship U.S.A. Post Office Address Suite 114-228 City Fountain Hills State Arizona 219 85268 Country U.S.A.											
Name Brett A. Carlson Address Snell & Wilmer L.L.P. Address One Arizona Center, 400 East Van Buren City Phoenix State Arizona ZIP 85004-2202 Country U.S.A. Telephone 602/382-6236 Fax 602/382-6070 I horoby doctare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may juopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if anyl]) Family Name or Surname Eddlie H. Williams Inventor's Signature Past Office Address 13771 Fountain Hills State AZ Country U.S.A. Criizenship U.S.A. Post Office Address Suite 114-228 City Fountain Hills State Arizons Zip 85268 Country U.S.A.	Additional	registere	d preclitioner(s) named o	n supplemental	Registered	i Practitioner	information sh	est PTO	/SB/02	C attached here	to.
Address One Arizona Center, 409 East Van Buren City Phoenix State Arizona ZIP 85004-2202 Country U.S.A. Telephone 602/382-6236 Fax 602/382-6070 I turciby doclare that all statements made herein of my own knowledge are true and that all statements made on information and belief are purished to be true; and further that these statements were made with the knowledge that willful false statements and the like as made are punished by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may juopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Eddic H. Williams Feeldence: City Fountain Hills State AZ Country U.S.A. Crizenship U.S.A. Post Office Address Suite 114-228 City Fountain Hills State Arizona ZIP 85268 Country U.S.A.	Direct all corr	esponde	nce to: Custom or Bar (ner Number Code Label			OR	⊠ c	orresp	ondence addre	ess below
City Phoenix State Arizona ZIP 85094-2202 Country U.S.A. Telephone 602/382-6236 Fax 602/382-6070 I turchy declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishably by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jcopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Eddic H. Williams Date 1/28/ Residence: City Fountain Hulls State AZ Country U.S.A. Critzenship U.S.A. Post Office Address Suite 114-228 Fountain Hills State Arizona ZIP 85268 Country U.S.A.	Name	Brett	A. Carlson								
Country U.S.A. Telephone 602/382-6236 Fax 602/382-6070 I horoby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements work made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jcopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Williams Linventor's Signature Residence: City Fountain Hills State AZ Country U.S.A. Crizenship U.S.A. Crizenship U.S.A. City Fountain Hills State Arizona ZIP 8504-2202 Fax 602/382-6070 Fa	Address	Snell	& Wilmer L.L.P.								
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